

## **ACTION MEMO**

### **MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS**

**FROM:** Ellen Embrey, DASD(FHP&R)

**SUBJECT:** Supplemental Guidance - Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management

- HA Policy 03-012, Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management, was published May 30, 2003 (TAB B)
- Since that time, further clarifications of the policy requirements have been achieved through input from the DoD Deployment Health Clinical (DHCC) and the Services. This information needs to be formally distributed to the Services. It will be further supplemented by the DoD Deployment Health Clinical Center (DHCC) on their website ([www.phhealth.mil](http://www.phhealth.mil)).
- The attached memo (TAB A) provides the supplemental guidance and sets a March 31, 2004 suspense on the Services to provide an initial update on their efforts to identify DU-exposed personnel and to accomplish bioassays for the presence of depleted uranium. The memo also establishes semiannual reporting requirement (at least until April 15, 2005) for updates on Service efforts to identify and test DU-exposed OIF personnel.
- COORDINATION: TAB C
- ATTACHMENTS: As stated
- RECOMMENDATION: Sign the Supplemental Guidance Memo- Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management at TAB A.

Prepared by: COL Daniel Sulka, 703-681-3279, ext. 131 PCDOCS #:

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (SAF/MR)  
DIRECTOR, JOINT STAFF

SUBJECT: Supplemental Guidance - Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management

REFERENCE: HA Policy 03-012, Operation Iraqi Freedom (OIF) Depleted Uranium (DU) Medical Management, May 30, 2003

The DoD Policy for Medical Management of OIF personnel with depleted uranium (DU) exposures (HA Policy 03-12) has been in effect since June 2003. Since issuance, the Services have collaborated with both DoD and Department of Veterans Affairs staff to implement the guidance. The ongoing identification, evaluation, and clinical management of OIF personnel potentially exposed to DU are vital to their well-being and to the continued use of DU in US military operations. As a result, I am requesting Service updates on implementation of the Health Affairs Policy 03-12 by March 31, 2004.

The initial updates are to be followed by semi-annual updates due October 15, 2004 and April 15, 2005 to the Deployment Health Support Directorate (OSD (HA)/FHP&R). The updates will include: (1) the numbers of Level I and Level II DU exposed personnel; (2) the means of identification of exposed personnel; (3) the number of Level I and Level II exposures that have been assessed qualitatively (i.e., through the use of questionnaires and interviews); (4) the percentage of those Level I and Level II exposure evaluated with a urine uranium test; (5) the status of urine DU bioassays evaluations; (6) the status of reporting results to patients; and (7) the number of referrals to the Baltimore Veterans Affairs Medical Center's DU Follow-up Program. In addition, I am requesting additional detail on Level I exposures with fragment-type injuries. Data tables are provided in Attachment 1 to aid in collecting and reporting this information.

During the implementation process of HA Policy 03-12 ([www.ha.osd.mil/policies/2003/03-012.pdf](http://www.ha.osd.mil/policies/2003/03-012.pdf)), a number of issues were identified that require further clarification and elaboration:

- **Exposed Personnel Identification.** Services should not rely entirely upon answers on the DD Form 2796, Post Deployment Health Assessment (PDHA), for this purpose. Locating units involved in operations that may have involved DU exposures may identify others requiring evaluation.
- **Exposure Assessment.** Upon referral of personnel to a healthcare provider for a determination of their DU exposure level, healthcare providers will evaluate personnel for possible DU exposure based on their in-theater experiences and activities. DoD DU Questionnaire and Health Survey Forms (currently DD Form 2872 Test and DD Form 2872-1) to be overprinted on a single SF-600 in the near future will be completed for each individual assessed. These forms can be

downloaded from the DoD Deployment Health Clinical Center (DHCC) website, [www.pdhealth.mil](http://www.pdhealth.mil), or DHCC may be contacted for assistance directly using the contact information provided in this memo. For all personnel, regardless of identification method, the Depleted Uranium (DU) Questionnaire and other available supporting information, such as incident reports or descriptions of exposure conditions will be used to assign patients to one of three DU exposure categories: Level I, II, or III as described in ASD(HA) Policy 03-012.

- **Bioassay Procedures.** Care must be taken to ensure that urine specimen containers are free of uranium contamination. The testing laboratories should be contacted for information regarding the type of container to use to prevent natural uranium contamination. DU testing within the 180-day window increases ability to detect lower level exposures. Nevertheless, urine excretion of uranium, in general, continues after the 180 days. Therefore, collection of urine samples for initial evaluation of depleted uranium exposure should be accomplished even when the earliest possible testing opportunity presents after the recommended 180-day period. Laboratories performing the urine bioassays should store a 250-ml aliquot of the urine tested for an indefinite time. See attached Protocol for DU Urine Validation Testing and Referrals to the Baltimore VA Follow-up Program for interpretation of results (Attachment 2). Referrals to the VA will be coordinated through the DoD Deployment Health Clinical Center, located at the Walter Reed Army Medical Center.
- **Surveillance and Tracking.** Information on exposures will be collected and maintained in sufficient detail to characterize the exposure for use in follow-on investigations, evaluations, and health risk assessments. That information should be compared with servicemembers identified with DU-related exposure incidents, reports of duties involving possible contact with DU-contaminated equipment or vehicles, and other methods to ensure appropriate evaluations are being performed.
- **Archiving and Case Management.** The DHCC will serve as the central archive for all DoD patient information related to DU exposure, testing, and follow-up for both active duty and reserve component personnel. Assessment questionnaires, lab results, referral consults, and narrative summaries from follow-up care will be forwarded to DHCC for archiving. Service labs and the Baltimore VA will forward all DU exposure assessment and testing results to DHCC for archiving following completion of DU related health services.

More detailed supplemental information and clinical guidance on these topics and others is now available on the DHCC website: [www.pdhealth.mil](http://www.pdhealth.mil). My point of contact for this memo is COL Dan Sulka, 703-681-3279 x131, [Daniel.Sulka@deploymenthealth.osd.mil](mailto:Daniel.Sulka@deploymenthealth.osd.mil). Contact information for the Deployment Health Clinical Center and the Baltimore VA are attached (Attachment 3).

Attachments:

1. OIF DU Exposure Semi-annual Exposure Progress Report
2. Protocol for DU Urine Validation Testing and Referrals to the Baltimore VA Follow-up Program
3. Contact information for the DoD Deployment Health Clinical Center and the Baltimore VA

## **Protocol for Urine DU Bioassay Validation Testing and Referrals to the Baltimore VA Follow-up Program**

### 24-Hour Urine Samples

1. If urine [total U] is  $< 50$  ng/g cre **and** isotopic analysis indicates presence of DU with or without evidence of embedded fragments, then repeat urine analysis in 6 months.
2. If urine [total U] is  $< 50$  ng/g cre **and** isotopic analysis does not indicate presence of DU, then no follow-up is necessary.
3. If urine [total U] is  $\geq 50$  ng/g cre **or** isotopic analysis indicates the sample contains DU at 10% or more, then perform urine uranium analysis on a repeat 24-hr urine sample for confirmation.
  - a. If second urine [total U] is still  $\geq 50$  ng/g cre **or** isotopic analysis indicates presence of 10% or more DU, then complete a radiological skeletal survey to look for evidence of embedded fragments.
  - b. If there is no evidence of embedded fragments on the radiological skeletal survey, then repeat urine U analysis in 6 months. If still positive after 6 months, the Baltimore VA should be contacted for follow-up by their primary care manager after consultation with DHCC.
4. If a servicemember has embedded fragments or fragment-type injuries **and** a urine [total U]  $\geq 50$  ng/g cre **and** isotopic analysis indicates the presence of DU at 10% or more, then the servicemember should be referred to VA In-Patient DU Follow-up Program (Consult DHCC).

Note: all creatinine (cre) values used in the calculations to normalize results are urine creatinine concentration.

### Spot Urine Samples

All spot samples with [Total U]  $\geq 25$  ng/g cre must be followed up with a 24-hour urine test and interpreted as above. No follow-up is required for samples with results where [Total U] is  $< 25$  ng/g cre.



### **DHCC Archiving and Consultation Information**

DoD Deployment Health Clinical Center (DHCC) medical staff members are available to discuss DU evaluation and management, archiving, case management procedures, including referral to the Baltimore VA, and to provide forms and documents. In addition, all documentation should be forwarded to DHCC, either in hard or electronic copy. Contact information is:

DoD Deployment Health Clinical Center  
Walter Reed Army Medical Center  
6900 Georgia Avenue, NW  
Bldg 2, Rm 3G04  
Washington, DC 20307-5001

Clinician Helpline: 1- 866-559-1627  
Toll-free from Europe:  
Phone: 202-782-6563  
DSN: 662-6563  
Fax: 202-782-3539  
Email: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)  
Website: [www.pdhealth.mil](http://www.pdhealth.mil)

### **Baltimore VA DU Medical Follow-up Consultation and Referral Information**

The VA medical staff is available to discuss the management of any patient's case with their clinician to provide guidance in follow-up decisions and discussions with the patients. Contact Information is:

Depleted Uranium Follow-up Program  
Baltimore VA Medical Center (11DU)  
10 N. Greene Street  
Baltimore, MD 21201  
1-800-815-7533

SUBJECT: Supplemental Guidance - Operation Iraqi Freedom (OIF) Depleted  
Uranium (DU) Medical Management

COORDINATION

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